		EQUA	L EMPLOYME	ENT OPPORTU	NITY COMM	IISSION			APPROVED
	ST	ATE AND I	LOCAL GO	VERNMEN'	ΓINFORM	ATION (EEC)4)		BY OMB 30460008
				EMS AND EDU					EXPIRES 12/31/2005
		DO NOT ALT	ER INFORMAT	ΓΙΟΝ PRINTED	IN THIS BOX				MPLETED M TO:
		<u>(</u>		MBER: 5510000 Year: 19	<u>00</u>			EEO-4 Repo	orting Center ox 8127 /A 20195
			A. TYPE (OF GOVERNM	ENT (Check o	ne box only)			
V	1. State		2. County		3. City		4. Township		5. Special District
	6. Other (Specif	y)							
	` .	,		B. IDENTI	FICATION				
		1. NA	ME OF POLITI			as label, skip to I	tem C)		
				STATE OF V	WISCONSIN				
2. Add	2. AddressNumber and Street CITY/TOWN			TOWN	COUNTY		STAT	STATE/ZIP	
	P.O. BOX 7855 MADISON dane WI-53707					53707	В		
				C. FUN	CTION				
(Check one h	oox to indicate the f	function(s) for whi	ch this form is bei			ed for all department	ts and agencies in v	your government c	overed by the
•					•	showing name and			· ·
	SUMMARY FUN	CTION							
M	1.Financial Admin	l accounting and s	imilar financial adı	ministration	V	8. HEALTH. Provision of public health services, outpatient clinics, visiting nurses, food and sanitary inspections, mental health, alcohol			
	carried on by a treated CONT		-			rehabilitation service, etc. 9. HOUSING. Code enforcement, low rent public housing, fair ordinance enforcement, housing for elderly, housing rehabilita			·
	supervisors or com agencies, central p employees (judges	ersonnel or planni	ng agencies, all jud			control.	mon, nousing for	outing, nouting re	and and an arrangement of the second
	2. STREETS AND administration of s	HIGHWAYS. M	aintenance, repair,		V		Y DEVELOPMEN n space, beautificat	-	g, land
V	3. PUBLIC WELF the needy administ should be reported	tration of public as			V		NS. Jails, reformat arole and probation		mes, halfway
Z	4. POLICE PROTI constable's, corone employees engage	er's office, etc., inc	luding technical ar		∠ I		ND TRANSPORT		
	5. FIRE PROTECT employees. (Repor	ΓΙΟΝ. Duties of th	ne uniformed fire for			collection and disp	N AND SEWAGE. posal. Provision, m ystems and sewage	naintenance and op	-
Ŋ	6. NATURAL RE- irrigation drainage PARKS AND REC parks, playgrounds zoos, etc.	, flood control, etc CREATION. Prov	., and ision, maintenance	and operation of	☑	14. EMPLOYME	NT SECURITY ST	TATE GOVERNM	IENTS ONLY
V	7. HOSPITALS A	ND SANATORIU	MS. Operation and	d maintenance of	V	15. OTHER (Spec	cify on Page Four)		

institutions for inpatient medical care.

(Lines 75-82)

		FUNCTION	N TYPE 1			
REMARKS (List National Crime	Information Center (NCIC) number	r assigned to any	Criminal Justice Agencies whose da	ta are included i	n this report)	
LIST AGENCIES INCLUDEI	O ON THIS FORM					
DOA						
BCPL						
OCI						
Corrections						
ECB						
Elections Comm						
ETF						
Ethics Comm						
DFI						
Gov						
HEAB						
Invest Bd						
Jud Comm						
Lt Gov						
LWSRB						
DMA						
DNR						
DPI						
PSC						
DOR						
DSPS						
Secy of St St Treas						
WTCSB						
DVA						
CERTIFICATION. I certify that t	the information given in this report ments on this report are punishable		• •	vas reported in ac	cordance with acc	ompanying
NAME OF PERSON TO	CONTACT REGARDING THI	S FORM		TITLE		
	Angela Nash		EEO AA Pro	gram Compliand	ce Consultant	
ADDRESS (Numb	per and Street, City, State, Zip Co	de)	TELEPHONE NUMBER Ext FAX N		JMBER	
101 E. Wilso	on Street, Madison, WI 53703,,		608-266-0713		608-267-1000	
DATE	EMAIL	TYPED NA	AME/TITLE OF AUTHORIZED	OFFICIAL	SIGNATURE	V
	1	i .				

Laurice Lincoln Bureau Director

2019-09-27

angela.nash@wisconsin.gov

	FUNCTION TYPE 3										
REMARKS (List National Crime I	Information Center (NCIC) number	r assigned to any	Criminal Justice Agencies whose da	ta are included i	n this report)						
LIST AGENCIES INCLUDED	**LIST AGENCIES INCLUDED ON THIS FORM										
Bd on Aging & Long Term Care Child Abuse & Neglect Prev Bd											
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)											
NAME OF PERSON TO	CONTACT REGARDING THE	S FORM		TITLE							
	Angela Nash		EEO AA Pro	gram Compliand	ce Consultant						
ADDRESS (Numb	er and Street, City, State, Zip Coo	de)	TELEPHONE NUMBER	Ext	FAX NUMBER						
101 E. Wilso	on Street, Madison, WI 53703,,		608-266-0713		608-26	7-1000					
DATE	EMAIL	TYPED NA	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE								
2019-09-27	angela.nash@wisconsin.gov		Laurice Lincoln Bureau Director								

	FUNCTION TYPE 4										
REMARKS (List National Crime l	EMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)										
LIST AGENCIES INCLUDED	ON THIS FORM										
Military Affairs Transportation											
•	he information given in this report i nents on this report are punishable l		•	vas reported in ac	cordance with acc	ompanying					
NAME OF PERSON TO	CONTACT REGARDING THE	S FORM		TITLE							
	Angela Nash		EEO AA Pro	gram Complian	nce Consultant						
ADDRESS (Numb	er and Street, City, State, Zip Coo	de)	TELEPHONE NUMBER	Ext	FAX NUMBER						
101 E. Wilso	on Street, Madison, WI 53703,,		608-266-0713		608-26	7-1000					
DATE	EMAIL	TYPED NA	AME/TITLE OF AUTHORIZED	OFFICIAL	SIGNATURE	V					
2019-09-27	angela.nash@wisconsin.gov		Laurice Lincoln Bureau Director								

		FUNCTIO	N TYPE 6				
REMARKS (List National Crime I	Information Center (NCIC) number		Criminal Justice Agencies whose da	ita are included i	n this report)		
LIST AGENCIES INCLUDED	ON THIS FORM						
Ag, Trade & Consumer Protetn							
Natural Resources							
State Fair Park Board							
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying nstructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)							
NAME OF PERSON TO	CONTACT REGARDING THE	S FORM	TITLE				
	Angela Nash		EEO AA Program Compliance Consultant				
ADDRESS (Number	er and Street, City, State, Zip Coo	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER	
101 E. Wilso	n Street, Madison, WI 53703,,		608-266-0713		608-26	7-1000	
DATE	EMAIL	TYPED NA	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE				
2019-09-27	angela.nash@wisconsin.gov		Laurice Lincoln Bureau Director				

FUNCTION TYPE 7										
REMARKS (List National Crime	Information Center (NCIC) number	r assigned to any	Criminal Justice Agencies whose da	ta are included i	n this report)					
LIST AGENCIES INCLUDED	ON THIS FORM									
Health Services Veterans Affairs										
•	he information given in this report in this report in this report are punishable b		•	vas reported in ac	cordance with acc	ompanying				
NAME OF PERSON TO	CONTACT REGARDING THE	TITLE								
	Angela Nash		EEO AA Program Compliance Consultant							
ADDRESS (Numb	er and Street, City, State, Zip Coo	de)	TELEPHONE NUMBER	Ext	FAX NUMBER					
101 E. Wilso	on Street, Madison, WI 53703,,		608-266-0713		608-26	608-267-1000				
DATE	EMAIL	TYPED NA	AME/TITLE OF AUTHORIZED	OFFICIAL	SIGNATURE	V				
2019-09-27	angela.nash@wisconsin.gov		Laurice Lincoln Bureau Director							

		FUNCTION	N TYPE 8			
REMARKS (List National Crime I	Information Center (NCIC) number	assigned to any	Criminal Justice Agencies whose da	ta are included i	n this report)	
LIST AGENCIES INCLUDED	ON THIS FORM					
Administration						
Ag, Trade & Consumer Protetn						
Bd for People with Dev Disab						
Children and Families						
Health Services						
	ne information given in this report i ents on this report are punishable l		e to the best of my knowledge and w Title 18, Section 1001.)	as reported in ac	cordance with acc	companying
NAME OF PERSON TO	CONTACT REGARDING THE	S FORM	TITLE			
	Angela Nash		EEO AA Program Compliance Consultant			
ADDRESS (Number and Street, City, State, Zip Code)			TELEPHONE NUMBER	Ext	FAX NUMBER	
101 E. Wilso	n Street, Madison, WI 53703,,		608-266-0713		608-26	7-1000
DATE	EMAIL	TYPED NA	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE			
2019-09-27	angela.nash@wisconsin.gov		Laurice Lincoln Bureau Director			

FUNCTION TYPE 10										
REMARKS (List National Crime In	nformation Center (NCIC) number	assigned to any	Criminal Justice Agencies whose da	ta are included i	n this report)					
LIST AGENCIES INCLUDED ON THIS FORM*										
Kickapoo Reserve Mgmt Board Tourism										
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)										
NAME OF PERSON TO (CONTACT REGARDING THIS	S FORM		TITLE						
	Angela Nash		EEO AA Pro	gram Compliand	nce Consultant					
ADDRESS (Number	r and Street, City, State, Zip Coo	de)	TELEPHONE NUMBER	Ext	FAX NUMBER					
101 E. Wilson	Street, Madison, WI 53703,,		608-266-0713		608-26	7-1000				
DATE	EMAIL	TYPED NA	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE							
2019-09-27	angela.nash@wisconsin.gov		Laurice Lincoln Bureau Director							

		FUNCTION	TYPE 11				
REMARKS (List National Crime)	Information Center (NCIC) number	r assigned to any	Criminal Justice Agencies whose da	ta are included i	n this report)		
LIST AGENCIES INCLUDED	ON THIS FORM						
Corrections							
•	he information given in this report i nents on this report are punishable l		•	vas reported in ac	cordance with acc	ompanying	
NAME OF PERSON TO CONTACT REGARDING THIS FORM			TITLE				
	Angela Nash		EEO AA Program Compliance Consultant				
ADDRESS (Numb	er and Street, City, State, Zip Coo	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER	
101 E. Wilson Street, Madison, WI 53703,,			608-266-0713		608-26	7-1000	
DATE	EMAIL	TYPED NA	AME/TITLE OF AUTHORIZED	OFFICIAL	SIGNATURE	V	
2019-09-27	angela.nash@wisconsin.gov		Laurice Lincoln Bureau Director				

		FUNCTION	TYPE 12			
REMARKS (List National Crime	Information Center (NCIC) number	r assigned to any	Criminal Justice Agencies whose da	ta are included i	in this report)	
LIST AGENCIES INCLUDED	ON THIS FORM					
Transportation						
·	he information given in this report i nents on this report are punishable b		•	as reported in a	ccordance with acc	ompanying
NAME OF PERSON TO	CONTACT REGARDING THIS	S FORM	TITLE			
	Angela Nash		EEO AA Pro	gram Complian	ce Consultant	
ADDRESS (Numb	ADDRESS (Number and Street, City, State, Zip Code)		TELEPHONE NUMBER Ext FAX NUMB			JMBER
101 E. Wilso	on Street, Madison, WI 53703,,		608-266-0713		608-26	7-1000
DATE	EMAIL	TYPED NA	D NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE			
2019-09-27	angela nash@wisconsin gov		Laurice Lincoln Bureau Director			

		FUNCTION	TYPE 14				
REMARKS (List National Crime)	Information Center (NCIC) number	r assigned to any	Criminal Justice Agencies whose da	ta are included	in this report)		
LIST AGENCIES INCLUDED	ON THIS FORM						
Workforce Development							
•	he information given in this report in this report in this report are punishable l		e to the best of my knowledge and w Title 18, Section 1001.)	as reported in a	ccordance with acc	ompanying	
NAME OF PERSON TO	CONTACT REGARDING THI	S FORM	TITLE				
	Angela Nash		EEO AA Pro	gram Complian	ce Consultant		
ADDRESS (Numb	er and Street, City, State, Zip Co	Ĭ					
101 E. Wilso	on Street, Madison, WI 53703,,		608-266-0713		608-26	7-1000	
DATE	EMAIL	TYPED NA	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE				
2019-09-27	angela nash@wisconsin gov		Laurice Lincoln Bureau Director				

				FUNCTION	TYPE 15				
REMARKS (Lis	st National Crime	Information Cen	ter (NCIC) numbe	er assigned to any	Criminal Justice	Agencies whose d	ata are included	in this report)	
LIST AGEN	CIES INCLUDED	ON THIS FOR	M						
Description of A	gency	Description of A	gency	Description of A	gency	Description of A	gency	Description of Agency	
	Ambulance		Dog Control	V	Library		Outstation		Vehicle Maintenance
	Animal Control		Emergency Services		Liquor Commission		Parking Service		Veteran Services
	Cemetery		Manpower		Paramedics		Warehouse Inspector	V	Youth Bureau
	CETA	V	Human Resources		Mechanical Maintenance		School for the Retarded		WIN
V	Civil Defense	V	Human Services		Motor Pool		Shop		
	OTHER:		•		•	•	•		
	ON. I certify that t	_	_			-	was reported in a	ccordance with acc	companying
NAME	OF PERSON TO	CONTACT RI	EGARDING TH	IS FORM			TITLE		
		Angela Nash				EEO AA Pro	ogram Complian	ce Consultant	
A	DDRESS (Numb	er and Street, C	ity, State, Zip Co	ode)	TELEPHON	TELEPHONE NUMBER Ext FAX NUMBER			UMBER
	101 E. Wilso	n Street,Madiso	on, WI 53703,,		608-2	66-0713		608-26	7-1000
	ATE		IAIL		NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE				
2019	-09-27	angela.nash@	wisconsin.gov		Laurice Lincoln	Bureau Directo	r		